

AUDITS SECTION – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 23, 2008

Leslie Tremaine, Ed.D., Director Santa Cruz County Mental Health and Substance Abuse Services 1400 Emeline Avenue, Bldg. K Santa Cruz, CA 95060

Dear Dr. Tremaine:

AUDIT REPORT - FRONT STREET INCORPORATED

We have examined the Cost Report and Data Collection (CR/DC) report of Front Street, Inc., for the fiscal period July 1, 2002 through June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP) \$ 1,349,849

Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP) 1,183,781

Overstatement of Net Program Cost (FFP) \$ (166,068)

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Leslie Tremaine, Ed.D., Director January 23, 2008 Page 2

Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Date: 1/24/08

Enclosures

for TONY GAAN, Supervisor

Audits - Bay & Central Region

Date: 1/24/08

SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME:

FRONT STREET, INC.

LEGAL ENTITY NUMBER:

00442

NET REIMBURSABLE MEDI-CAL PROGRAM COST	_	As Settled	Audit Adjustments	As Audited
FEDERAL - FFP	\$	1,349,849	\$ (166,068) \$	1,183,781
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROIVERS	\$	1,349,849	\$ (166,068) \$	1,183,781

FRONT STREET, INC. SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

					Audit	
			As Settled		Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				_		
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$	0	\$	0 \$	0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)		2,633,890		(322,765)	2,311,125
Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0	0
Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	0		0	0
9. Total		\$ ==	2,633,890	· \$ =	(322,765) \$	2,311,125
Less: Patient & Other Payor Revenues						
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$	0	\$	0 \$	0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)		9,403		0	9,403
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30) (MH 1968, Ln 31)		0		0 0	0
16. Healthy Family Patient Revenue-I/P17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)		0		0	0
17. Healthy Family Patient Revenue-O/F 18. Total	(MID 1908, LII 31)	s –	9,403	· s -		9,403
To. Total		-	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:	 `=	
Medi-Cal Net Reimbursement for Direct Servi	 '					
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$		\$	0 \$	0
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)		2,624,487		(322,765)	2,301,722
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)		0		0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	\$	2,624,487	\$	(322,765) \$	2,301,722
25. Total		1 =	2,024,467	. "=	(322,703) \$	2,301,722
Medi-Cal MAA Reimbursement						
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0 \$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	_	0	_	0	0_
28. Total		^{\$} =	0	\$_		0_
Amount Negotiated Rates Exceed Cost						
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0		0	0
35. Total		\$ =	0	\$ =	0 \$	
Net Reimbursable Cost - FFP						
36. Direct Services	(MH1979, Ln 16, 16A)	\$	1,349,849	\$	(166,068) \$	1,183,781
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)		0		0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)		0		0	0
39. MAA	MH 1979, Ln 11, 12)		0		0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)		0		0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)		0		0	0
42. Total - FFP		\$=	1,349,849	\$ =	(166,068) \$	1,183,781
Contract Maximum		\$_	-	\$_	0 \$	
Lower of Net Reimbursable Cost or Contract M	Maximum	\$	1,349,849	\$_	(166,068) \$	1,183,781
						(To Sch.1)

Provider	FRONT STR	REET, IN	C.		Provider Number 00442	No. of Adj. 32		Period e 30, 2	Ended 2003
	Report Refe	erence	7			As	Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	 Reported	(Decrease)		Adjusted
				ADJUSTMENTS TO COSTS					
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$ 4,655,338	\$ 28,919	\$	4,684,257
				To adjust Mental Health Expenditures to agree with Provider's	records.				
2	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$ 4,684,257	\$ (49,705)	\$	4,634,552
				To adjust Mental Health Expenditures to agree with Provider's The adjustment is based on the accrual accounting method.	records.				
3	MH 1960	4	С	OTHER ADJUSTMENTS		\$ 320,217	\$ (257,501)	\$	62,716
				To eliminate County costs (patient accounting, patient data and were included in the provider's cost report that was submitted to Department of Mental Health. These costs will be included in the cost report as administrative costs. Info Tech costs will remain provider's cost report.	o the State the County				
4	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961		\$ 0	\$ (84,406)	\$	(84,406)
				To adjust Medi-Cal Adjustment due to the related party costs.					
5	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$ 4,975,555	\$ (362,693)	\$	4,612,862
				To adjust allowable costs for allocation with adjustment numbe	ers 1, 2, 3, and 4.				
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.					

Provider				F	Provider Number	No. of Adj.	Fiscal F	Period Ended
	FRONT STF	REET, IN	C.		00442	32	June	30, 2003
	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MODES OF SERVICE	<u>CE</u>			
6 7 8 9	NH 1964 NH 1964 NH 1964 NH 1964 NH 1964	3 4 5 8 9	A A A A	OTHER 24 HOUR SERVICES (MODE 05) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15) SUPPORT SERVICES (MODE 60) TOTAL		\$ 1,042,039 \$ 1,083,394 \$ 586,480 \$ 2,263,642 \$ 4,975,555	\$ 248,508 \$ (52,203) \$ 1,336 \$ (302,833) \$ (105,192)	\$ 1,290,547 * \$ 1,031,191 * \$ 587,816 * \$ 1,960,809 * \$ 4,870,363 *
				To adjust costs at the mode level in conjunction with adjustments number 1, 2, and 4.				
11 12 13 14 15	NH 1964 NH 1964 NH 1964 NH 1964 NH 1964	3 4 5 8 9	A A A A	OTHER 24 HOUR SERVICES (MODE 05) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15) SUPPORT SERVICES (MODE 60) TOTAL	* * *	\$ 1,290,547 \$ 1,031,191 \$ 587,816 \$ 1,960,809 \$ 4,870,363	\$ (72,236) \$ (82,897) \$ (68,070) \$ (34,298) \$ (257,501)	\$ 1,218,311 * \$ 948,294 * \$ 519,746 * \$ 1,926,511 * \$ 4,612,862 *
				To adjust costs at the mode level in conjunction with adjustment r	umber 3.			
16	NH 1964 NH 1964 NH 1964 NH 1964 NH 1964	3 4 5 8 9	A A A A	OTHER 24 HOUR SERVICES (05-60) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15) SUPPORT SERVICES (MODE 60) TOTAL To reclassify room and board costs from Mode 05 to Mode 60, in accordance with the SD/MC Manual for the Rehabilitation Option	* * * *	φ 1,210,311	\$ (306,109) \$ 0 \$ 0 \$ 306,109 \$ 0	\$ 912,202 \$ 948,294 \$ 519,746 \$ 2,232,620 \$ 4,612,862
				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.	and raigeted			

Provide	r				Provider Number	No. of Adj.	Fiscal F	eriod Ended
	FRONT STR	EET, IN	C.		00442	32	June	30, 2003
	Report Refe	rence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MODES OF SE	RVICE			
18 19 20 21 22 23 24 25	NH 1966A NH 1966A NH 1966A NH 1966A NH 1966A NH 1966A NH 1966A NH 1966A	3 3 3 3 3 3 Total	BCDEFGHA	OUTPATIENT SERVICES (15-01) OUTPATIENT SERVICES (15-10) OUTPATIENT SERVICES (15-30) OUTPATIENT SERVICES (15-40) OUTPATIENT SERVICES (15-50) OUTPATIENT SERVICES (15-50) OUTPATIENT SERVICES (15-60) OUTPATIENT SERVICES (15-70) TOTAL To adjust outpatient services costs to the service function level the effects of adjustments 1 to 4. The relative value method of was utilized since the Provider was not in compliance with an method of allocation.	f allocation	\$ 5,381 \$ 47,333 \$ 13,673 \$ 329,896 \$ 187,990 \$ 2,013 \$ 194 \$ 586,480	\$ (1,345) \$ (5,543) \$ (978) \$ (36,685) \$ (23,124) \$ 893 \$ 48 \$ (66,734)	\$ 4,036 \$ 41,790 \$ 12,695 \$ 293,211 \$ 164,866 \$ 2,906 \$ 242 \$ 519,746
26 27	MH 1901B(S) MH 1901B(S) MH 1901B(S)		D F	ADJUSTMENTS TO REPORTED SD/MC UNIT MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% To adjust the as settled (MH 1966A) SD/MC units of service/ticounty operated facilities to agree with the State DMH Approv Report dated March 19, 2007. Copies of workpapers detailing by service functions have been provided to the provider. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	me for the ed Claims	29,622 177,837 139,989	0 (1) (751)	29,622 * 177,836 * 139,238 *

Provide	ır				Provider Number	No. of Adj.	Fiscal P	eriod Ended
	FRONT STR	EET, IN	IC.		00442	32	June	30, 2003
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
110.	OCH.	Ling	001.	ADJUSTMENTS TO REPORTED SD/MC UNIT	<u>s</u>			
28 29	MH 1901B(S) MH 1901B(S) MH 1901B(S)		D E F	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	** **	29,622 177,836 139,238	0 3 89	29,622 * 177,839 * 139,327 *
				To adjust the SD/MC units of service/time to agree with the Corecords and supporting documents. The auditor submitted deworkpapers to the County which shows the details of this adjusted.	tailed			
30 31	MH 1901B(S) MH 1901B(S) MH 1901B(S)		D E F	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	**	29,622 177,839 139,327	0 (3) (89)	29,622 177,836 139,238
				To adjust SD/MC units of service/time to incorporate the control of DMH approved units vs. the county's records by SFC.	rols of the lower			
				ADJUSTMENTS TO REPORTED SD/MC SETTL CONTRACT PROVIDERS	EMENT			
32	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED	SD/MC)	\$ 1,349,849	\$ (166,068)	\$ 1,183,781
				To adjust the SD/MC (FFP) due to adjustments to costs and units of service/time.				
		† 			:			
					:			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

Legal Entity: FRONT STREET, INC.	А	В	С
Legal Entity Number: 00442	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	3,023,892	1,610,660	4,634,552
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)		h in the second of the second	
4 Other Adjustments (Provide Detail)	0	62,716	62,716
5 Total Costs Before Medi-Cal Adjustments	3,023,892	1,673,376	4,697,268
6 Medi-Cal Adjustments from MH 1961			(84,406)
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			4,612,862
Administrative Costs (County Only)			
9 SD/MC Administration			
10 Healthy Families Administration			
11 Non-SD/MC Administration			
12 Total Administrative Costs			
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			
14 Other SD/MC Utilization Review			
15 Non-SD/MC Utilization Review			
16 Total Utilization Review Costs			
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			4,612,862
19 Total Costs - Lines 9 through 18			4,612,862

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

Legal Entity: FRONT STREET, INC.	A	В	C
Legal Entity Number: 00442	Salaries		Total
	and Benefits	Other	Adjustments
1 Related Party Expenses		(84,406)	(84,406)
2			
3			
4			
5			
[6			
7			
8			
9			
[10]			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments		(84,406)	(84,406)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

	Legal Entity: FRONT STREET, INC.	A
Le	gal Entity Number: 00442	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	4,612,862
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	912,202
4	Day Services (Mode 10)	948,294
5	Outpatient Services (Mode 15 Program 1 + Program 2)	519,746
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	2,232,620
9	Total - Lines 2 through 8	4,612,862

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA CRUZ COUNTY
County Code: 44

CR

4 Cost per Unit	County Code: 44			CR					
Logal Entry Number: Ook42 Service Servic	Legal Entity: FRONT STREET	, INC.	A						
Allocation Percentage	Legal Entity Number: 00442							(
Allocation Percentage	Mode: 05 - Other 24 Hou	ur Services (All Other SFC)	Mode Total		Function	Function	Function	Function	Function
Total Units	d Microtica Percentage		400.000						
Corse Coest			100.00%						
Section Sect			912 202						
Section		######################################	J. J			2000000000000			
Fig. Published Charge per Unit		 						ļ	
7. Negolistoc Rate / Cost per Units									
Medi-Cal Units				143.02					
An Medicare/Medi-Cal Crossover Units									
Medicare/Medi-Cal Crossover Units	8 Medi-Cal Units								
Demanded SDMC (Children) Units				7,806				İ	
December Common									
Total care Tot									
108 Enhanced SDMC (Refugees) Units								 	
11						<u> </u>			
11A Non-Medi-Cal Units	11							 	
12 Non-Medic-Cal Units 104							<u> </u>		
13 Modi-Cal Costs		1.0.022 00/00/00		104				 	
13A Medi-Cal Costs		07/04/02 00/02/02	222.044	31,111,111,111					
14 Medi-Cal SMA Upper Limits									
14A Medical SMA Upper Limits 10/01/02 - 06/30/03 1,117,356 1,177,3	14					-		-	
15 Medi-Cal Published Charges									
15A Medi-Cal Negotiated Rates 100/10/2 - 06/30/03 1,116,414 1,116,41	15						· ···		
15 Medi-Cal Negotiated Rates						· · · · · · · · · · · · · · · · · · ·			
16A Medicare/Medi-Cal Crossover Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03 18 Medicare/Medi-Cal Crossover SMA Upper Limits 07/01/02 - 09/30/02 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 19 Medic	16		1,110,114	7,110,114					
177 Medicare/Medi-Cal Crossover Costs			· · · · · · · · · · · · · · · · · · ·						
17A Medicare/Medi-Cal Crossover Costs 10/01/02 - 06/30/03 07/01/02 - 09/30/02 07/01/02 - 09/30/03 07/01/02 - 09/30/02 07/01/02 - 09/30/03 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02		odine se bo a casa a casa ca de ca							32.22.22.22.22.22.2
18 Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 0	Medicare/Medical Crossover Cost		 			ļ			
19A			 						
19			 						
19A Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 10/01/02 -	10	07/04/02 00/20/02	 			 			
20			 						
10/01/02 - 06/30/03 10/01/02 - 06/30/03	20	07/01/02 - 09/30/02	·			†	 	†	
21	20A Medicare/Medi-Cal Crossover Nego							İ	
21A									
Enhanced SD/MC SMA Upper Limits						 		1	
22A	22	07/01/02 00/20/02					 	 	
23			 				 	1	
23A	23	07/01/02 - 09/30/02	 		 	 	 	 	
24			1			 	 	 	
24A	24	07/01/02 09/30/02			<u> </u>	†		 	
25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 Healthy Families Costs 07/01/02 - 09/30/02 294 Healthy Families SMA Upper Limits 07/01/02 - 06/30/03 29 10/01/02 - 06/30/03 29 10/01/02 - 06/30/03 29 10/01/02 - 06/30/03 20 10/01/02 - 06/30/02 20 10/01/02 - 06/30/02 20 10/01/02 - 06/30/03 20 10/01/02			1			1		 	
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 Jeach Healthy Families Costs 07/01/02 - 09/30/02 Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 30 Jeach Healthy Families Published Charges 07/01/02 - 09/30/02 Healthy Families Published Charges 07/01/02 - 09/30/02 31 Jeach Healthy Families Negotiated Rates 07/01/02 - 09/30/02 Healthy Families Negotiated Rates									
27 Enhanced SD/MC (Refugees) Published Charges on 7/01/02 - 06/30/03 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates on 7/01/02 - 06/30/03 07/01/02 - 06/30/03 29 Healthy Families Costs on 7/01/02 - 06/30/03 07/01/02 - 06/30/03 30 Healthy Families SMA Upper Limits on 7/01/02 - 06/30/02 07/01/02 - 06/30/03 31 Healthy Families Published Charges on 7/01/02 - 09/30/02 07/01/02 - 09/30/02 31 Healthy Families Negotiated Rates on 7/01/02 - 09/30/02 07/01/02 - 09/30/02 32 Healthy Families Negotiated Rates on 7/01/02 - 09/30/03 07/01/02 - 06/30/03			 			 	 	 	ļ
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03			-		 	 	-		
Pailthy Families Costs 07/01/02 - 09/30/02						-	 	 	
10/01/02 - 06/30/03					22.00.000				
10/01/02 - 06/30/03			ļ			1	ļ	↓	
10/01/02 - 06/30/03 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02	29A		ļ			ļ	ļ	 	
10/01/02 - 06/30/03			ļ		· · · · · · · · · · · · · · · · · · ·	-		ļ	-
10/01/02 - 06/30/03 10/01/02 - 06/01/02 - 06/01/02 10/01/02 - 06/01/02 - 06/01/02 10/01/02 - 06/01/02 - 06/01/02 10/01/02	30A	10/01/02 - 06/30/03				 			
31A 10/01/02 - 06/30/03 32 Alealthy Families Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03 32A 10/01/02 - 06/30/03 10/01/02 - 06/30/03			 			-		 	-
32A Healthy Families Negotiated Rates 10/01/02 - 06/30/03	31A	10/01/02 - 06/30/03	 		-	 	 	 	
			 		 	 	 	 	
33 Non-Medi-Cal Costs		10/01/02 - 06/30/03			, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	3,7,7,2,2,3,1,2,2,2,3	232200000000000000000000000000000000000		
	33 Non-Medi-Cal Costs		8,958	8,958	l	l	1		1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

CR

County: SANTA CRUZ COUNTY County Code: 44

CR

Legal Erry Number: D042 Service Service Service Service Function Local Estitus EDONT OTDEET, INC.			- CR	CR			-		
Mode To Day Services	Legal Entity: FRONT STREET, INC.		Α	B	C	D	E	F	G
Allocation Percentage			Manda Tatal						
Allocation Percentage	widde. 10 - Day Services		Wode Total			Function	Function	Function	Function
2 Total Units	1 Allocation Percentage		100.009/						
Section Sect)		100.00%						
Section 1,75			049 204						
Section 15			940,294						2000100000000000
Published Charge per Unit 126.38				73.45	97.38				
7									
Medi-Cal Units				194,91	126.36				
A	7 Negotiated Rate / Cost per Unit								
A	8	07/01/02 - 09/30/02		2 710	1 418				
Medicare/Medi-Cal Crossover Units			 						
An	0			0,400	307				
December Common									
1004								····	
108 Enhanced SDMC (Refugees) Units									
Healthy Families (SED) Units									
11A Nort-Medi-Cal Units									
17									
33 Modi-Cal Costs	[11A]	10/01/02 - 06/30/03							
13A Medi-Cal SMA Upper Limits 10/01/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1001/02	12 Non-Medi-Cal Units	************************		631				*******	
13A Medi-Cal SMA Upper Limits 10/01/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 12.55 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1.255 701 1.152.269 104.432 1001/02 06/30/03 1001/02	13 Marti Cal Casta	07/01/02 - 09/30/02			138.078				
14 Medi-Cal SMA Upper Limits	13A Medi-Cal Costs								
14A Medi-Cal Suku Opper Limits	14								
15 Medi-Cal Published Charges									<u> </u>
15A Medi-Cal Negotiated Rates 1001/02 - 06/30/03 1,379,185 1,264,576 114,809	16								
16							L		
10A Medicare/Medi-Cal Crossover Costs 10/01/02 - 09/30/02 10/01/02 - 09/30/03 18 Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover	16		1,079,103	1,204,570	114,003				
177 Medicare/Medi-Cal Crossover Costs									
17A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 -	1800 1860 000000000000000000000000000000								
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19A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03 10/01/02 -	17A Medical envieur-Cal Crossover Costs	10/01/02 - 06/30/03							
1001/02 - 06/30/03 1001/02	18 Madigara (Madi Cal Crassauer CMA Hanne Limite	07/01/02 - 09/30/02							
19A	18A Medicare/Medi-Cai Crossover SMA Opper Limits	10/01/02 - 06/30/03							
1974 20	19 Madiagra/Madi Cal Cassassus Dublished Charges	07/01/02 - 09/30/02							
Description	19A Niedicare/Niedi-Cai Crossover Published Charges	10/01/02 - 06/30/03							
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21									
21A Pintanced SD/MC Costs 10/01/02 - 06/30/03									227222222
Enhanced SD/MC SMA Upper Limits			:						ļ
22A Enhanced SD/MC Published Charges 07/01/02 - 08/30/02 10/01/02 - 08/30/02 23A 24 24A Enhanced SD/MC Negotiated Rates 07/01/02 - 08/30/03 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 08/30/03 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 08/30/03 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 08/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 08/30/03 27 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 08/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 08/30/03 29 Healthy Families Costs 07/01/02 - 08/30/03 29 29A 4 4 4 4 4 4 4 4 4	[21A]								ļ
22A									ļ
23A	ZZA		ļ						
10/01/02 - 06/30/03 24									
24A	[23A]								L
25									
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29/29A Healthy Families Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03 30 Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 10/01/02 - 06/30/03 31 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 31 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03	24A	10/01/02 - 06/30/03							1
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29/29A Healthy Families Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03 30 Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 10/01/02 - 06/30/03 31 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 31 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03	25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1	data da nativistici		·····		and the second section of the second	
27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 1 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 1 29 Healthy Families Costs 07/01/02 - 09/30/02 1 30 Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 1 31 10/01/02 - 06/30/03 07/01/02 - 09/30/02 1 31 A Healthy Families Published Charges 07/01/02 - 09/30/02 1 32 A Healthy Families Negotiated Rates 07/01/02 - 09/30/03 1			 				-	 	
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03			 					 	
29 Healthy Families Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03			 					 	
10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/02 10/01/02 - 06/30/03			110000000000000000000000000000000000000			<u> Production</u>		Lancing	
10/01/02 - 06/30/03	29 Healthy Families Costs	07/01/02 - 09/30/02							1
10/01/02 - 06/30/03 10/01/02 - 06/30/03	29A Healthy Families Costs	10/01/02 - 06/30/03							
10/01/02 - 06/30/03 10/01/02 - 06/30/03	30 Healthy Families SMA Lippor Limits	07/01/02 - 09/30/02							
31 Healthy Families Published Charges 07/01/02 - 09/30/02 10/01/02 - 06/30/03	30A Healthy Families SMA Opper Limits								
10/01/02 - 06/30/03 10/01/02 - 06/30/03	31 Healthy Esmilian Bublished Charges								
32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02	31A Healthy Families Published Charges								
32A Reality Families Negotiated Rates 10/01/02 - 06/30/03	22							İ	
			<u> </u>						
33 Non-Medi-Cal Costs 46,344 46,344 0									CONTRACTOR OF THE
	[33 Non-Medi-Cal Costs		46,344	46,344	0		L	l	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

	County: SANTA CRUZ COUNTY County Code: 44			CR	CR	CR	CR	CR	CR
Γ	Legal Entity: FRONT STREET, INC.		I A I	ВТ	C	D I	ET	F	G
Leg	ral Entity Number: 00442 Mode: 15 - Outpatient (Program 1)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
-	Mode. 13 - Outpatient (Flogram 1)		Wode rotal	01	10	30	40	50	60
1	Allocation Percentage		100.00%	0.78%	8.04%	2.44%	56.41%	31.72%	0.56%
2	Total Units			3,364	26,803	8,216	188,868	105,167	1,011
3	Gross Cost		519,746	4,036	41,790	12,695	293,211	164,866	2,906
2171213	Cost per Unit			1.20	1.56	1.55	1.55	1.57	2.87
5	SMA per Unit		1	1.77	2.28	2.28	2.28	2.28	4.23
	Published Charge per Unit			1.94	2.50	2.50	2.50	2.50	4.65
7	Negotiated Rate / Cost per Unit			1.54	2.00	2.50	2.00	2.00	4.00
11111	- Control Cont								
8	Medi-Cal Units	07/01/02 - 09/30/02			1,401		21,412		
8A		10/01/02 - 06/30/03		3,314	24,764	7,837	161,642	103,250	961
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			50	638	379	5,814	1,917	50
13		07/01/02 - 09/30/02	35,426		2,184		33,241		
13A	Medi-Cal Costs	10/01/02 - 06/30/03	470,505	3,976	38,611	12,109	250,944	161,861	2,762
14		07/01/02 - 09/30/02	52,014	5,0,0	3,194	12(7.00	48,819		
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	688,573	5,866	56,462	17,868	368,544	235,410	4,065
15		07/01/02 - 09/30/02	57,033	- 0,000	3,503		53,530	200,	,,000
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	755,023	6,429	61,910	19,593	404,105	258,125	4,469
16		07/01/02 - 09/30/02	1.00,020	5,,25	01,010	,	,	200,120	.,
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
1000			100000000000000000000000000000000000000						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	 						
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03	 						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03	 						····
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	 						
20A		10/01/02 - 06/30/03			7775455555454555454	**********			0+04100+04001414171
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A	Enhanced Strivic Costs	10/01/02 - 06/30/03							
22	Cohannel CD/MC CMA Linear Limits	07/01/02 - 09/30/02							
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	i :						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					·		
23A	Ellianced 35/MC Fublished Charges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Enhanced 3D/MC Negotiated Rates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	1						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	 						
28	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	+						
7.77	Zamanada de interior (interior de interior inter	<u>रे स्टब्स्ट्राच्या स्टब्स्ट्राच्या स्टब्स्ट्र</u>							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A	reality rathlies Costs	10/01/02 - 06/30/03							
100	ealthy Families SMA Upper Limits	07/01/02 - 09/30/02	i						
30	aithy Families SMA Upper Limits	10/01/02 - 06/30/03							
30A					1		1		
30A 31		07/01/02 - 09/30/02							
30A 31 31A	Healthy Families Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
30A 31 31A 32	Healthy Families Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02							
30A 31 31A		07/01/02 - 09/30/02 10/01/02 - 06/30/03	:						
30A 31 31A 32 32A	Healthy Families Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02	13,815	60	995	586	9,026	3,005	144

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SANTA CRUZ COUNTY
County Code: 44

CR

	County Code: 44		CR						
Legal Entity: FRONT STREET, INC.			н	1	J	K	L	М	N
Legal Entity Number: 00442			Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Function 70	Function	Function	Function	Function	Function	Function
Ļ	JAUL the December 1								
1	Allocation Percentage	0.05% 105							
2	Total Units								
3	Gross Cost			121-121-121-121-121-121-121-121-121-121					
4	Cost per Unit		2.30						
5	SMA per Unit		3.41						
6	Published Charge per Unit		3.74						
7	Negotiated Rate / Cost per Unit		:		************		***********		
8		07/01/02 - 09/30/02							
8A	Medi-Cal Units	10/01/02 - 06/30/03	105						
9	Marking and Mark Col Consequent lights	07/01/02 - 09/30/02							
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	F-1	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Eamilies (SED) Units	07/01/02 - 09/30/02							
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units								
13		07/01/02 - 09/30/02							
13A	Medi-Cal Costs	10/01/02 - 06/30/03	242						
14		07/01/02 - 09/30/02	272						
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	358					·	
15		07/01/02 - 09/30/02	000						
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	393						
16		07/01/02 - 09/30/02							
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02							22127772222777
	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
17A					ļ				
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
19		07/01/02 - 09/30/02							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20		07/01/02 - 09/30/02	<u> </u>						
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
. 1 . 1 . 1 .					521.07575454545454				
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03	-						ļl
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	ļ		ļ	-			
23A		10/01/02 - 06/30/03			 				
24 24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03		····	ļ	 			
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03			L				
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02		raintale labetale la	1	1			rate in in in in in in in in in in in in in
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30	I I - Nr. F T - CMA I I I I	07/01/02 - 09/30/02	1						
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	1		1				
31	III-like F Buddek 101	07/01/02 - 09/30/02			 			İ	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	<u> </u>			t			
32	(Lander Frankling Name 1971)	07/01/02 - 09/30/02			<u> </u>			<u> </u>	
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03				İ		İ	
			<u> </u>						
33	Non-Medi-Cal Costs		0		L	J		L	L

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

	County Code: 44		CR					
	Legal Entity: FRONT STREET, INC.	A	В	С	D	E	F	G
Le	egal Entity Number: 00442		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		21,890					
3	Gross Cost	2,232,620	2,232,620					
4	Cost per Unit		101.99					
5	Non-Medi-Cal Units (Same as Line 2)		21,890					
6	Non-Medi-Cal Costs (Same as Line 3)	2,232,620	2,232,620	***********************	11.14.14.14.14.14.14.14.14.14.14.14.14.1			

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY County Code: 44				DEMBUDE	EMENIT TYPE	nc nc	Ι	Canta	1		Casta	
Legal Entity: FRONT STREET, INC.		REIMBURSEMENT TYPE			E	PC Costs E F G H				Costs	K	
Legal Entity Number: 00442		_				Total				Total		Total
		· · · · · · · · · · · · · · · · · · ·	Mode 55 S. F.'s 11-19,	1	Total MAA	Inpatient Mode 05-	Mode 05-All		Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. I + Col. J)
	····	S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	
1 Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03						230,914 672,330	337,115 564,834	35,426 470,505	603,456 1,707,669		603,456 1,707,669
2 Medi-Cal SMA	07/01/02 - 09/30/02						349,415	644,565	52,014	1,045,993		1,045,993
[2A]	10/01/02 - 06/30/03						1,017,356	1,256,701	688,573	2,962,630		2,962,630
3 Medi-Cal P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						383,437 1,116,414	707,385 1,379,185	57,033 755,023	1,147,854 3,250,622		1,147,854 3,250,622
4 Medi-Cal N. R.	07/01/02 - 09/30/02						1,110,414	1,373,103	733,023	3,230,022		3,230,022
4A	10/01/02 - 06/30/03											****************
5 Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						230,914	337,115	35,426	603,456	1 del 3 1 de la decida de la constante de la c	603,456
5A	10/01/02 - 06/30/03						672,330	564,834	470,505	1,707,669		1,707,669
6 Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03						ļ					
7 Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
[7A]	10/01/02 - 06/30/03											
8 Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						1					
9 Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A	10/01/02 - 06/30/03											
10 Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
[10A]	10/01/02 - 06/30/03											
11 Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						230,914 672,330	337,115 564,834		603,456 1,707,669		603,456 1,707,669
12 Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								.,.,.,.,.,.,.,.,.			
13 Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03 07/01/02 - 09/30/02						 					
13A	10/01/02 - 06/30/03							· · · · · · · · · · · · · · · · · · ·				
Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A 15 Enhanced SD/MC (Children) N R	10/01/02 - 06/30/03 07/01/02 - 09/30/02						 					
15A Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03											
16 Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A	10/01/02 - 06/30/03					<u> </u>	127.424.72414.72	, eperatri erre erre	7371743.7, <u>111.7, 11</u>			
17 Enhanced SD/MC (Refugees) Cost 18 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
19 Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21 Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						230,914	337,115	35,426	603,456		603,456
21A (Excludes Refugees) 22 Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03 07/01/02 - 06/30/03						672,330	564,834	470,505	1,707,669		1,707,669
ZZ Cilianced ObyMo (Kendgasa) dross Kenn.				 					***************	0.0000000000000000000000000000000000000		alinerel serve
23A Healthy Families Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
24 Healthy Families SMA	07/01/02 - 09/30/02											
24A	10/01/02 - 06/30/03 07/01/02 - 09/30/02							· · ·		· 		
25 Healthy Families P. C.	10/01/02 - 06/30/03											
25A Healthy Families N. R.	07/01/02 - 09/30/02											
[26A]	10/01/02 - 06/30/03					lananan			7.			
27 27A Healthy Families Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						1					
Less: Patient and Other Payor Revenues												
SD/MC + Crossover Revenues	07/01/02 - 09/30/02							2,258		2,258		2,258
28A 29 Enhanced SD/MC (Children) Revenues	10/01/02 - 06/30/03							6,775	370	7,145		7,145
30 Enhanced SD/MC (Refugees) Revenues												
31 Healthy Families Revenues		4				<u> </u>		1021011111111111	71-1-1-1-1-1-1-1-1			
32 Total Expenditures from MAA (Mode 55) 33 Medi-Cal Eligibility Factor (Average)												
34 Revenue - MAA												
25	07/01/02 - 09/30/02						230,914	334,857	35,426	601,197		601,197
35A Net Due - SD/MC for Direct Services	10/01/02 - 06/30/03						672,330	558,059	470 135	1,700,525		1,700,525
36 Net Due - Enhanced SD/MC (Refugees) 37 Net Due - Healthy Families	07/01/02 - 09/30/02					1						
37A Net Due - Healthy Families	10/01/02 - 06/30/03					 	 				<u> </u>	
Amount Negotiated Rates Exceed Costs					.							
38 SD/MC (Includes Children)	07/01/02 - 09/30/02							*				
[38A]	10/01/02 - 06/30/03											
	07/01/02 - 09/30/02					 	 					
40 Healthy Families	10/01/02 - 06/30/03					1						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

County Code: 44

Legal Entity: FRONT STREET, INC.

Legal Entity Number: 00442		Α	B	С	D	Е	F	
Data Type		Net Dire	ct Costs	FF	P	Effective		
İ	Data Type	(Gross Reim. Co	osts - Revenue)	Doll	ars	FFP%		
	Source	MH1	970s	MH19	970s	Calcu	lated	
	Source	Column N	Column Q	Column R	Column U	Calcu	iateu	
	Formula					(C6 / A6)	(D6 / B6)	
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
	Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1	05 - Hospital Inpatient (SFC 10-19)						· 学说:600以	
2	05 - Other 24 Hour Services (All Other SFC)	230,914	672,330	118,690	345,712	Marketing and		
3	10 - Day Services	334,857	558,059	172,117	284,856			
4	15 - Outpatient (Program 1)	35,426	470,135	18,209	244,198	fire rediring	7.75 ** 5 ** 10 *	
5	15 - Outpatient (Program 2)							
6	Totals	601,197	1,700,525	309,015	874,766			
7	Totals from MH1979	601,197	1,700,525	309,015	874,766			
8	Effective SD/MC FFP %	#				51.40%	51.44%	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETAIL COST REPORT DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

FFP % FFP % County: SANTA CRUZ COUNTY Source: Source: County Code: 44 MH1978 F8 MH1978 E8 Legal Entity: FRONT STREET, INC. D В С F G Legal Entity Number: 00442 Total Total Total 50% 51.40% 51.44% Variable % 75% Total MAA Inpatient Outpatient Total FFP FFP FFP FFP FFP FFP SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement Contract Provider Medi-Cal Direct Service Gross Reimbursement Total Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit Medi-Cal Administration Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement Healthy Families Administrative Reimbursement Limit Healthy Families Administration Healthy Families Administrative Reimbursement SD/MC Net Reimbursement for MAA Medi-Cal Admin. Activities Svc Functions 01 - 09 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 12 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 15 Other SD/MC Utilization Review (County Only) 116 SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02 10/01/02 - 06/30/03 309,015 309,015 601,197 601,197 16A 1.700.525 1.700.525 874.766 874,766 17 07/01/02 - 09/30/02 Enhanced SD/MC Net Reimb. (Children) 17A 10/01/02 - 06/30/03 18 Enhanced SD/MC Net Reimb. (Refugees) 1.183.781 19 Total SD/MC Reimbursement Before Excess FFP 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP) 1,183,781 22 Contract Limitation Adjustment 23 Adjusted Total SD/MC Reimbursement (FFP) 1,183,781 07/01/02 - 09/30/02 Healthy Families Net Reimbursement 24A 10/01/02 - 06/30/03 25 Total Healthy Families Reimbursement Before Excess FFP 26 Amount Negotiated Rates Exceed Costs - Healthy Families 27 Total Healthy Families Reimbursement